

PART B - FEE(S) TRANSMITTAL

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7590 03/28/2007
JOSEPH S. TRIPOLI
 THOMSON LICENSING INC.
 2 INDEPENDENCE WAY, Suite 200
 P. O. BOX 5312
 PRINCETON, NJ 08543-5312



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Felix Kowalski (Depositor's name)
Felix Kowalski (Signature)
6/15/07 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/637,361	09/08/2003	Andreas Lowy	PD020091	9507

TITLE OF INVENTION: METHOD AND ARRANGEMENT FOR THE CORRECTION OF VIDEO SIGNALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0 06/18/2007	\$1700 MGEBREM2 00000038 070832	06/28/2007 10657361
EXAMINER	ART UNIT	CLASS-SUBCLASS		81 FC:1501 82 FC:1504	1400.00 DA 300.00 DA	
COUSO, YON JUNG	2624	382-254000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THOMSON LICENSING

Boulogne-Billancourt, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 6/15/07

Typed or printed name Joseph J. Opalach

Registration No. 36,229

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